



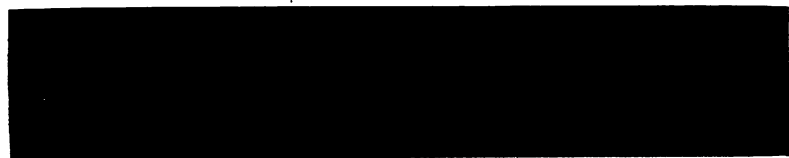
**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

67328 17	
C & S AUTO REBUILD INC	
6805 GREENWOOD NORTH	
SEATTLE	WA 98103
6805 GREENWOOD NORTH	
SEATTLE	WA 98103

INSTALLATION ADDRESS



FORM 2

NOTIFICATION OF
DANGEROUS WASTE
ACTIVITIES

(send to) Attn: DW Notifications
Washington State Department of Ecology
M/S PV-11 Olympia, WA. 98504
(206) 459-6300/6305/6306

DATE IN TO DEPARTMENT

'84 AUG 29 A7:44

WASH STATE DEPT OF ECOLOGY
OLYMPIA, WA

DEPARTMENT USE ONLY

99. EPA/STATE HAZARDOUS WASTE I.D.#

W A D 0 6 7 1 2 8 0 1 7

(a) ☐ RCRA/STATE
(b) ☒ STATE ONLY
(c) ☐ SMALL QUANTITY
(d) ☐ NON REGULATED
(e) ☐ ONE TIME ONLY
(f) ☐ EMERGENCY
(g) ☐ OTHER

INIT: 2034
DATE: 8/24
EPA: 9-4
ACK: 2034
COPY: ✓
REGION: NW

DEPARTMENT USE ONLY

1. ☒ A. FIRST NOTIFICATION
☐ B. REVISED NOTIFICATION
(enter current I.D.# in upper left)
MO. DAY YR.
revisions effective: / /
- ☐ C. WE REQUEST TO HAVE OUR I.D.# WITHDRAWN (enter current I.D.# assigned to you in section 99 in upper left)
☐ D. REACTIVATE OUR NOTIFICATION (complete all sections)

2.A. WASHINGTON STATE DEPARTMENT OF
REVENUE REGISTRATION (TAX) NUMBER

2.B. SIC CODE(S)

PRIMARY

SECONDARY

OTHER

3. NAME OF COMPANY

C & S AUTO REBUILD INC.

SEP - 4 1984

4. MAILING ADDRESS

STREET, P.O. BOX, OR RURAL ROUTE & BOX NO.

6 8 0 5 GREENWOOD NORTH

CITY OR TOWN

STATE

ZIP CODE

SEATTLE

WN

9 8 1 0 3 -

5. LOCATION OF WASTE ACTIVITIES (Installation)

DESCRIPTION OF PHYSICAL LOCATION (Follow Instructions Carefully)

6. COUNTY WHERE THIS
INSTALLATION IS LOCATED

KING

033

SAME

CITY OR TOWN

STATE

ZIP CODE

7. DANGEROUS WASTE ACTIVITIES YOUR BUSINESS IS CONDUCTING

(Read & Follow Instructions Carefully—Enter an "X" in appropriate box(es))

A. ☒ GENERATORC. ☐ WASTE MANAGEMENT
FACILITY (TSD)
(refer to definitions
in instructions)D. ☒ TRANSPORTER (complete this section only if YOU
are transporting waste for hire or your own waste to
an off-site facility)B. ☐ UNDERGROUND
INJECTION(1) ☐ TREATMENT(2) ☐ STORAGE(3) ☐ DISPOSAL(4) ☐ WE ACCEPT
OFF-SITE WASTES

(1) Mode(s) of Transport YOU Operate

(a) ☒ HIGHWAY (b) ☐ AIR (c) ☐ RAIL(d) ☐ WATER (e) ☐ OTHER

8. CONTACT PERSON

NAME (last),

(first)

SMITH GARY

TITLE

PHONE NO. (area code & number)

VICE PRES.

2 0 6 - 7 8 4 - 3 3 8 8

9. OWNERSHIP

(Legal Owner(s) of this Installation)

DIXON J SMITH

10. TYPE OF OWNERSHIP

(enter letter code in box)

P

11. WASTE IDENTIFICATION

A. NUMBER	B. Description of Waste(s)	C. Dangerous Waste Number (refer to WAC 173-303)	D. Estimated or Actual Annual Waste Quantity	E. WEIGHT CODE
1	Spent Lacquer Thinner and Paint	F 0 0 30 0 0 1 FO 0 5 0 0 0 2	2 2 50	P
2				
3				
4				
5				
6				
7				
8				
9				
10				

12. ESTIMATED MAXIMUM QUANTITY of all wastes listed above to be produced in any given month (consecutive 30 days) or per processing batch.

A. <input type="checkbox"/> Batch Frequency — 70 days <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>QUANTITY</td><td>WEIGHT</td></tr> <tr><td>4 0 0</td><td>P</td></tr> <tr><td>CODE</td><td></td></tr> </table>	QUANTITY	WEIGHT	4 0 0	P	CODE		B. <input type="checkbox"/> PER MONTH <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>QUANTITY</td><td>WEIGHT</td></tr> <tr><td>19 0</td><td>P</td></tr> <tr><td>CODE</td><td></td></tr> </table>	QUANTITY	WEIGHT	19 0	P	CODE	
QUANTITY	WEIGHT												
4 0 0	P												
CODE													
QUANTITY	WEIGHT												
19 0	P												
CODE													

13. COMMENTS (Enter Information by Section & Line Number—See Instructions)

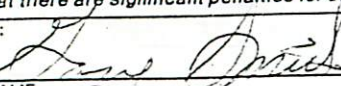
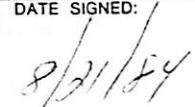
14. FORMS AND INFORMATION REQUEST

(Check the box(es) of those items desired and indicate how many)

- | | |
|---|--|
| A. <input type="checkbox"/> NOTIFICATION FORM | B. <input type="checkbox"/> PART A PERMIT FORM FOR TSD FACILITIES |
| C. <input type="checkbox"/> BIOLOGICAL TEST PROCED. | D. <input type="checkbox"/> GENERATOR ANNUAL REPORT FORM |
| E. <input type="checkbox"/> CHEMICAL TEST PROCED. | F. <input type="checkbox"/> TSD FACILITY ANNUAL REPORT/UNMANIFESTED WASTE REPORT |
| G. <input type="checkbox"/> DANGEROUS WASTE LEGISLATION (RCW 70.105) AND REGULATIONS (WAC 173-303) | |
| H. <input type="checkbox"/> DANGEROUS WASTE FEES LEGISLATION (RCW 70.105A) & REGULATION (WAC 173-305) | |
| I. <input type="checkbox"/> OTHER (specify) _____ | |

15. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE: 	OFFICIAL TITLE (Print)	DATE SIGNED: 
PRINTED NAME: Gary Smith	Vice Pres.	